**L.A.C.E.S. Refugee Youth Soccer camp**

**Summer 2016 Registration Form**

(Please complete the registration form with $25 registration fee payable to L.A.C.E.S)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Camper Information** | | | | | | | | | | | | | | |
| Player’s full name: | | | | | | | Birth date (MM/DD/YY): | | | | | | Gender  ❑Female ❑Male | |
| T-shirt Size (circle one): XS S M L XL | | Grade: | | | | | School name: | | | | | | | |
| Street Address: | | | | | | | Apt #: | | | City: | | | | |
| State: | Zip: | | Home phone: | | | | | | Cell Phone: | | | | | |
| Parent’s/ Guardian name: | | | | | | | Cellphone: | | | | | Home phone: | | |
| Street Address | | | | | | | Apt #: | | | | | City: | | |
| State: | Zip: | | | Email address: | | | | | | | | Other: | | |
| Emergency contact name: | | | | | | | | Cellphone: | | | | Home phone: | | |
| Street Address | | | | | | | Apt #: | | | | | City: | | |
| State: | Zip: | | | Email address: | | | | | | | | Other: | | |
| **Payment information:** This is a $25, non-refundable registration fee; NO additional fee is required to participate.  Please select your method of payment. Payment is required with application. | | | | | | | | | | | | | | |
| ❑Check (Make payable to L.A.C.E.S.) | | | | | ❑Cash (Make cash payments in person) | | | | | | | | |
| I, the parent or legal guardian of the above –named player, acknowledge that soccer is a physically demanding activity from which injury can result. I authorize L.A.C.E.S staff to act for me according to their best judgement in any emergency requiring medical attention. In consideration of the player’s participation in activities being sponsored in any way in the L.A.C.E.S. refugee youth soccer camp, related events and activities, the undersigned agrees that such participant’s likeness may be photographed and that such image may be published in an outlet used to promote or publicize the program. I understand that $25 registration fee is nonrefundable and that will guarantee the participation of the player for 5 days. | | | | | | | | | | | | | | |
| Parent/ Guardian name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date: | | | | | Relation to player  ❑Father ❑Mother  ❑Legal Guardian | | | |

Please contact Kristie Suarez, L.A.C.E.S. Director of Operation via email [ksuarez@laces.org](mailto:ksuarez@laces.org) or phone 585-260-1470 if you have any questions.

**Emergency Medication Form**

(Please return the complete emergency medication form with registration)

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relative/Friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friend’s name that may pick up my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial \_\_\_\_\_\_\_\_\_\_

Friend’s name that may pick up my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial\_\_\_\_\_\_\_\_\_\_

I/We here by grant consent to any and all health care providers designated by L.A.C.E.S. to provide my child any necessary medical care as a result of any injury/illness. This consent included First Aid and transportation to/from care providers.

Parent/ Guardian Signature Parent/ Guardian Signature

Date

Please contact Kristie Suarez- L.A.C.E.S. Director of Operation via email [ksuarez@laces.org](mailto:ksuarez@laces.org) or phone 585-260-1470 if you have any questions.

|  |  |  |
| --- | --- | --- |
| Name of Player: | | Date: |
|  | |  |
| Name of Medication: *(Medication must be in its original container and just enough for the event)* | | |
|  | | |
| Dosage | Time(s) to be given | Date(s) to be given |
|  |  |  |
| Symptoms that necessitate administration if medication is to be given as needed or any special instructions. | | |
|  | | |
| Signature of Parent or Guardian: | Date: | Phone number: |
|  |  |  |

**Medication Consent Form**

(Please return the complete consent form with registration)

Please contact Kristie Suarez- L.A.C.E.S. Director of Operation via email [ksuarez@laces.org](mailto:ksuarez@laces.org) or phone 585-260-1470 if you have any questions.

**Waiver and Release Form**

(Please return the complete release form with registration. Must be signed by a parent or guardian)

I, (parent/Guardian), am the parent or legal guardian of (minor child). As lawful consideration of my minor child being permitted to participate in L.A.C.E.S. Refugee Youth Summer Soccer Camp or any related activities and events, I agree that the minor child and I will abide by the rules of L.A.C.E.S. Refugee Youth Summer Soccer Camp, and its partner organizations. This release is intended to discharge in advance L.A.C.E.S. from and against any and all liability arising out of or connected in any way with my minor child’s participation in the summer soccer camp. I FURTHER UNDERSTAND THAT SOCCER INVOLVES PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS SOMETIMES OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS L.A.C.E.S. AND ITS EMPLOYEE WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. I understand and agree that my child and I are responsible for the condition of any and all sporting equipment provided for my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from L.A.C.E.S. or others. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND L.A.C.E.S., AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I authorize use of the child minor photos by L.A.C.E.S., its partners, sponsors and employees on our website, or media for future promotions and publication.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_